PUBLIC HEALTH REPORT

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THE DEPARTMENT'S reactivated Ad Hoc Advisory Committee on Prophylaxis of Poliomyelitis has recommended shortening of the time interval between Salk vaccine injections in order for persons to have the minimum of three injections before the early summer start of the poliomyelitis season. The group added that the same compressed schedule should be used in case of a threatening epidemic.

The interval between the first and second injections can be shortened to as little as 7 to 14 days with the third a month later. It was considered essential that at least three injections be given before the summer months, followed by a fourth inoculation a year later.

The committee strongly urged vaccination of all unprotected persons before summer, and reemphasized the increased potency of the standard Salk vaccines which have shown an effectiveness up to 95 per cent in the younger age groups.

Several recommendations were made concerning the surveillance of poliomyelitis cases during an epidemic and during the nonepidemic period. These included greater emphasis on laboratory investigation of cases and an expansion of laboratory facilities in anticipation of the future introduction of oral vaccine. It will be more important at that time than ever, said the advisors, to pursue individual case investigations and to identify prevalent strains of poliomyelitis and other enteroviruses which cause paralysis in the community.

An analysis of poliomyelitis cases in California shows a steady downward trend in the number of paralytic cases in recent years. The majority of cases now occur in the unvaccinated persons. The fact that there remains a substantial number of cases is largely a failure to reach the nonimmunized population. It is not a failure of the vaccine.

The effectiveness of poliomyelitis vaccine is substantiated by the laboratory findings. The laboratory has been able to show evidence of poliomyelitis infection by virus isolation in a high proportion of persons who have had either no vaccine or an inadequate number of doses. Conversely, in persons who have received three or more injections of Salk vaccine one is less likely to find definitive evidence of poliomyelitis infection by virus isolation. A higher proportion of the fully vaccinated persons show evidence of infection with other enteroviruses. On both epidemiological and laboratory grounds, therefore, it can be shown that Salk vaccine is and has been a highly effective tool to combat poliomyelitis.

Considered in detail was the anticipated use of oral vaccine. It was reported that the oral vaccine will not be available in any quantity in 1961, or perhaps even in the following year. The committee recommended that staff of the State Health Department work out a plan to cooperate with the U. S. Public Health Service for the use of oral vaccine in the face of an epidemic. This relates to a proposal by the National Advisory Committee that the Public Health Service have a reserve of vaccine available for such use throughout the country.

Some committee members felt that experimental use of vaccine in California before its being licensed should be encouraged for research purposes by competent investigators. It was agreed, however, that the State Health Department should have knowledge of, and approve, any such research use of live poliomyelitis vaccine, and that any such proposals be discussed in advance by the advisory group. The committee felt it would not be advisable at present to utilize oral vaccine in limited areas for certain population groups before its becoming a licensed product, but that it would be preferable to concentrate on well-controlled studies to supplement research now in progress in other parts of the country.

The committee recommended intensification of the use of Salk poliomyelitis vaccine, stressed its effectiveness and made a strong plea for use of this vaccine to its fullest before the coming poliomyelitis season.